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121503

CASE HL/95-22115/A/PCT/CONT

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121503

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

**Mail Stop Patent Application**

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Paul Adriaan Van Der Schaaf, Franz Schwarzenbach, Hans-Jörg Kirner, Martin Szelagiewicz, Claudia Marcolli, Andreas Burkhard and Regine Peter**

For: **POLYMORPHIC FORMS OF SERTRALIINE HYDROCHLORIDE**

Enclosed are:

- ☒ 13 pages of specification including claims
- ☒ 1 page(s) of abstract
- ☒ 28 sheet(s) of drawing ☒ formal ☐ informal
- ☒ Declaration and Power of Attorney (copy) (For continuations/divisionals)
- ☒ Request for Early Publication of Application (37 C.F.R. 1.219)
- ☒ This application is a continuation of  
prior application No. **10/111,947, filed 4/26/02.**
- ☒ The entire disclosure of the prior application, from which a copy of the declaration is  
supplied, is considered to be part of the disclosure of the accompanying  
application and is hereby incorporated by reference therein.
- ☒ Amend the specification by inserting before the first line:

This is a continuation of application Serial No. **10/111,947, filed on 4/26/02**, which is a 371  
of **EP 00/10416 filed on October 23, 2000.**

- ☒ Priority of application No(s). **99810981.3** filed on **10/29/99** respectively; in **Europe (designating DE)** is claimed under 35 U.S.C. 119.

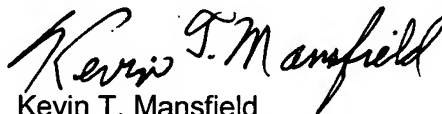
Filing Fee Calculation:

Basic Fee							\$770.00
Multiple Dependent Claims (\$290)							
Foreign Language Surcharge (\$130)							
	For	Number Filed		Number Extra		Rate	
EXTRA Claims	TOTAL CLAIMS	9	-20	0		\$18	=
	INDEPENDENT CLAIMS	1	-3	0		\$86	=
					TOTAL FILING FEE		\$770.00

Please charge Deposit Account No. 03-1935 in the amount of **\$770.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,

  
Kevin T. Mansfield  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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**(37 C.F.R. § 1.219(a))**

The Commissioner is authorized to charge the fee due under 37 C.F.R. § 1.18(d) (\$300.00) as a result of this request to Deposit Account No. 03-1935.

Kevin T. Mansfield  
Agent for Applicants  
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